

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

09652

1318

1. PLACE OF DEATH:

County Queen Anne's
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all her life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Jadie Barwan

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female Colored Widowed

6. (b) Name of husband or wife Albert Barwan

7. Birth date of deceased (mo., day, yr.) Jan. 25 - 1894 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
54 7 7 hrs. min.

9. Birthplace Centerville 20th. Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name William P Phillips

13. Birthplace Queen Anne's Co Maryland

14. Maiden name Annie Harris

15. Birthplace Queen Anne's Co Maryland

16. Informant Albert Barwan Jr.

Address Centerville Maryland.

17. Burial Date thereof Sept. 4 - 48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centerville Maryland

18. Funeral director Barton Bros

Address Centerville Maryland

19. Sept. 4 - 48 Elin Armstrong
(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 19 48 at 5:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 19 48, to Sept 2 19 48, and that I last saw her alive on Sept 1 19 48.

Immediate cause of death Chronic Nephritis DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

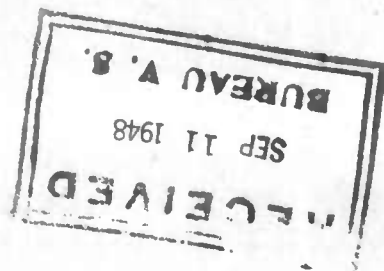
23. SIGNATURE W. Henry Fisher M. D. or other

Address Centerville Md Date signed Sept. 2 - 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09658

Reg. Dist. No. 251

1. PLACE OF DEATH: Queen Anne
 County.....
 City or town near Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MD County Queen Anne
 City or town near Centerville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Annice L. Furbush

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife Tao H. Furbush
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) July 4-1871
 8. AGE: Years 77 Months 3 Days 7 If less than one day
 hrs. min.

9. Birthplace Queen Anne Co Md
 (Town, county, and state)
 10. Usual occupation House work
 11. Industry or business
 12. Name Robt. Lucas
 13. Birthplace Queen Anne Co Md
 14. Maiden name Don't Know.
 15. Birthplace Don't Know.

16. Informant Henry Furbush (Son)
 Address Centerville Md
 17. Burial Date thereof Sept 13-1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Church Hill
 Location Church Hill Ind
 18. Funeral director Edgar L. Kane
 Address Church Hill Ind
 19. Sept. 13 48 Edgar L. Kane
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11- 1948, at 4-30 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11- 1947, to Sept 11- 1948
 and that I last saw him alive on Sept 8- 1948

Immediate cause of death Chronic myocarditis

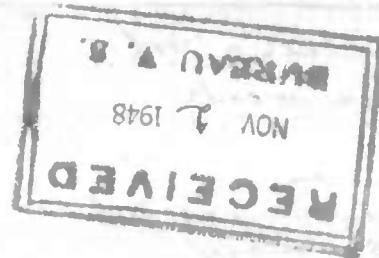
Due to.....
 Due to.....
 Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other
Centerville Md Date signed 9/13-1948
 Address.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09654

254

1. PLACE OF DEATH:

County..... Queen Anne
 City or town..... Rural Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Queen Anne
 City or town..... Rural Queenstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Helen Nell Moore

3. (b) Social Security Number

None

4. Sex..... F 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... William Henry Moore
 6.(c) If alive, give age..... 64 years
 7. Birth date of deceased (mo., day, yr.)..... Jan 19, 1889
 8. AGE: Years..... 59 Months..... 7 Days..... 16 If less than one day..... hrs. min.

9. Birthplace..... Baltimore, Md
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... John Nell
 13. Birthplace..... Baltimore, Md.
 14. Maiden name..... Mary Onion
 15. Birthplace..... Baltimore Md.

16. Informant..... William H Moore
 Address..... Queenstown Md.

17. Burial Date thereof..... Sept 7-48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematorium..... Centreville Maryland
 Location..... Barton River

18. Funeral director..... Centreville Maryland
 Address..... 9-6-48

19. (Date rec'd by registrar)..... 48 Helen M. Aldridge
 Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... September 4, 1948 at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-2-48 to 8-4-48 and that I last saw him/her alive on 8-4-48 1948

Immediate cause of death..... Cerebral Hemorrhage DURATION..... 2 hrs.

Due to..... Hypertension Unknown

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... William C. ... M. D. or other.....
 Address..... Queenstown, Md Date signed..... 9-4-48

RECEIVED

SEP 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09655

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Queen Anne
City or town..... near Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 1 yr
Hospital, institution, or street address where death occurred:
Home
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... MD County..... Queen Anne
City or town..... near Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Centreville Md.
(If rural, give LOCATION)
2.(c) If veteran, name war.....

3. (a) FULL NAME..... Alice P. Schwartz
3. (b) Social Security Number.....

4. Sex..... Female
5. Color or race..... white
6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Robert J.

7. Birth date of deceased (mo., day, yr.)..... Sept 28th 1899
6. (c) If alive, give age..... years

8. AGE: Years..... 48 Months..... 11 Days..... 20 If less than one day..... hrs. min.

9. Birthplace..... England
(Town, county, and state)

10. Usual occupation..... House work

11. Industry or business..... at Home

FATHER 12. Name..... Unknown

13. Birthplace..... England

MOTHER 14. Maiden name..... Emma Glingworth

15. Birthplace..... England

16. Informant..... Albert Auckland

Address..... 2024 Frederick Ave

17. Burial..... Burial Date thereof..... 9/20/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Landon Park Cem.

Location..... 3801 Frederick Ave

18. Funeral director..... John J. Cowan & Son

Address..... 901-03 Hollins St.

19. 9-18 1948 A.W. Hedrich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH..... Sept 17- 1948 at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to Sept 17 1948

and that I last saw her alive on Sept 17 1948

Immediate cause of death..... Carcinoma of uterus / bladder & rectum

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. Henry Fisher M. D. or other

Address..... Centreville Md. Date signed..... 9/17-48

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09656
213

1. PLACE OF DEATH: *Queen Anne's*
County *Ches Ter* (Rural)
City or town *(Rural)*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State *Maryland* County *Queen Anne's*
City or town *Ches Ter* (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME *William Thomas*

3. (b) Social Security Number

4. Sex *male* 5. Color or race *Col.* 6. (a) Single, married, widowed, or divorced *Mar*
6. (b) Name of husband or wife *Mrs. Lottie Thomas*

7. Birth date of deceased (mo., day, yr.) *Aug 2 - 1891* 8. (c) If alive, give age _____ years

8. AGE: *57* Years *1* Months *21* Days If less than one day _____ hrs. _____ min.

9. Birthplace *Bethesda Md.* (Town, county, and state)

10. Usual occupation *Labourer*

11. Industry or business

12. Name *Wm H. Thomas*

13. Birthplace *Maryland*

14. Maiden name *Willa Nixon*

15. Birthplace *Maryland*

16. Informant *Carrie Thomas*

Address *- Chester Md*

17. *Burial* Date thereof *Sept 25 48*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Cemetery*

Location *Chester Md*

18. Funeral director *Sevier A. Henry*

Address *Centerville Md.*

19. *Oct. 2* 19 *48* *Elizabeth Boake*

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *September 23 1948* at *2 15 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *September 2 1948* to *September 23 48* and that I last saw him alive on *September 22 1948*

Immediate cause of death *Tuberculosis*

Due to *Active regurgitation*

Due to *with decompression*

Other conditions *Nephrosis chronic*

(include pregnancy within 3 months of death)

Major findings of operations.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

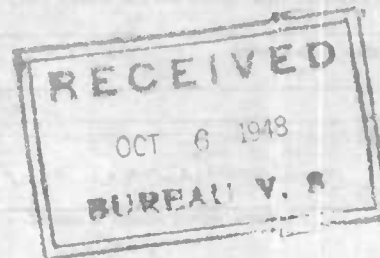
Means of injury Injured at work?

23. SIGNATURE *Theodor Sattelmann M.D.*

Address *Stevensville* Date signed *Sept 25 48*

DURATION
about 5 years
Several
flares
several
years

CERTIFICATE OF DEATH



POSTAL SERVICE

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